CL	AIMS AS FILED		<del> </del>	SMAI	L ENTITY	<u></u>	OTHE	
(Column 1) (Column 2)				_ TYP		OR	OTHER SMALL	
OR NUMBER FILED		NUMBE	R EXTRA	RATE	FEE	7	RATE	FE
ASIC FEE					345.00	OR	PASSES OF THE PA	690.0
OTAL CLAIMS	Sh minu	s = 20 = 3	]	X\$ 9:	=	OR	X\$18=	11
NDEPENDENT CLAIMS		3	X39=		OR	V70	02	
ULTIPLE DEPENDENT	CLAIM PRESENT			+130=	_	7		
If the difference in column 1 is less than zero, enter "0" in column 2			TOTAL		OR	L	136	
A L. CLAIN	IS AS AMENDE	D - PART II			<u> </u>	OR	TOTAL OTHER	1127
	umn 1)	(Column 2)	(Column 3)	SMAL	L ENTITY	OR	SMALL	
REA A AME	IAINING FTER NDMENT	NUMBER	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADD TION FEE
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Independent • FIRST PRESENTATION	(Q Minus	··· (Q	=	X39=		OR	X78=	
FINST FRESENTATION	ON OF MULTIPLE DI	EPENDENT CLAI	М	+130=		1	+260≃	
•				TOTA		OR OR	TOTAL	
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REM AI	AIMS AINING TER IDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADD TION/ FEE
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1001	AIMS	HIGHEST NUMBER	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI TIONA FEE
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